DEPARTMENT OF FINANCE & ADMINISTRATION
Office of Personnel Management
Weekly Time Sheet (Short Form)

Employee Name *(Last, First, Middle)*	Data Entry Period Begins: *(MM/DD/YY)*

Personnel Number	Business Area	Personnel Area	Data Entry Period Ends: *(MM/DD/YY)*

DAY	From	To	A/A Type	Wage Type	From	To	A/A Type	Wage Type	From	To	A/A Type	Wage Type	From	To	A/A Type	Wage Type	Total
Sunday																	
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday	0800																
Saturday																	

Total

For Timekeeper use only

Total number of hours to be used for *comp calculations*	
Number of hours over 40 <u>at work</u>	
Number of comp hours at *straight time*	
Number of comp hours at *time and a half*	

AUTHORIZATION: I hereby certify that the above information is correct.

Employee Signature			Date	*(MM/DD/YY)*
Supervisor's Signature	Date *(MM/DD/YY)*	Keyed by	Date	*(MM/DD/YY)*

R11/5/03